

Organization name: _____

By signing this agreement you attest to the following guidelines:

- (i) Not be disbarred in the federal System of Account Management (SAM) and
- (ii) Demonstrate the ability to execute your mission statement to aid members of the Black Indigenous and People of Color community impacted by the COVID-19 pandemic.
- (iii) That the organization is in good standing with the Rhode Island Division of Taxation and the City of East Providence and has no outstanding tax obligations owed to the State of Rhode Island or the City of East Providence.
- (v) The City of East Providence shall have the right to audit and track how funds were used.

Please check all the following:

- That I, the Applicant, have reviewed and agree to the City of East Providence scope of services.
- That the organization has a current 501-C3 status and is a non-profit, community-based organization that serves the BIPOC community living in the City of East Providence.
- The organization is prepared to be the fiscal agent for the award, to disburse the funds, and ensure the funds are used as listed in this application.
- Disclosure of any conflicts.
 - No conflicts of interest
 - The following conflict(s): _____

Sincerely,

(Name and Title)

(Signature with Date)